

**Fill in this information to identify the case:**

Debtor Circle Z Pressure Pumping, LLC  
 United States Bankruptcy Court for the: Eastern District of Texas  
 Case number 16-60633  
 (if known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b> Priority creditor's name and mailing address Internal Revenue Service See Attachment 1 Dallas, Texas 75242 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )	As of the petition filing date, the claim is: <u>\$375.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$375.00</u>	<u>\$0.00</u>
<b>2.2</b> Priority creditor's name and mailing address State of Texas See Attachment 2 Austin, TX 78711-3528 Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( 8 )	As of the petition filing date, the claim is: <u>\$777,629.30</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Sales Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$777,629.30</u>	<u>\$0.00</u>
<b>2.3</b> Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ( )	As of the petition filing date, the claim is: <u>\$0.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>	<u>\$0.00</u>

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

Name

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address  <u>A &amp; R Enterprises Inc.</u>  <u>P.O. Box 2000</u>  <u>Kilgore, TX 75663</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1,154.69</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address  <u>Allstar Fuel</u>  <u>P. O. Box 100</u>  <u>Plainview, TX 79073-0100</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$71,251.45</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address  <u>Allstate Benefits</u>  <u>American Heritage Life Insurance Company P. O. Box 650514</u>  <u>Dallas, TX 75265-0514</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 3,887.22</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address  <u>American Communications Answering Service, LLC</u>  <u>1397 FM 1252 East</u>  <u>Kilgore, TX 75662</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 652.53</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address  <u>American Express</u>  <u>P. O. Box 650448</u>  <u>Dallas, TX 75265-0448</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$53,731.38</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Credit Card Debt</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address  <u>Amerifrac LLC</u>  <u>19830 Lantern Village Lane</u>  <u>Katy, TX 77450</u></p> <p>Date or dates debt was incurred _____  Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 17,500.00</u>  <i>Check all that apply.</i>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address <u>APPCO-NOV</u>  <u>442 North W. W. White Road</u> <u>San Antonio, TX 78219</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>8,962.03</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address <u>Applied Energy Company</u>  <u>1205 Venture Court Suite 100</u> <u>Carrollton, TX 75006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>2,300.30</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address <u>Aramark</u>  <u>AUS Central Lockbox P. O. Box 731676</u> <u>Dallas, TX 75373</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>4,220.55</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address <u>Automotive Super Center</u>  <u>48 North Eastman Road</u> <u>Longview, TX 75601</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,899.23</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <u>Basic Energy Services</u>  <u>5209 Estes Parkway</u> <u>Longview, TX 75603</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>375.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address <u>Berkley Insurance Company</u>  <u>P O Box 204847</u> <u>Dallas, TX 75320-4847</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$30,582.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Insurance Premium</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address <u>Burl's Collision Center, Inc.</u>  <u>1207 North Frisco Street</u> <u>Henderson, TX 75652</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,808.21
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address <u>Burrows R&amp;H Machine</u>  <u>P. O. Box 8606</u> <u>Longview, TX 75607</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,343.75
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address <u>C. Liles Trucking Co., Inc.</u>  <u>P. O. Box 407</u> <u>Tatum, TX 75691-0407</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,500.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address <u>Certified Laboratories</u>  <u>P. O. Box 971269</u> <u>Dallas, TX 75397-1269</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$59,305.08
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

Name

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>Chemplex Solvay Group</u>  <u>P. O. Box 733133</u> <u>Dallas, TX 75373-3133</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>299.32</u>
3.18	Nonpriority creditor's name and mailing address <u>Chemtex Industrial Inc.</u>  <u>P. O. Box 6964</u> <u>Longview, TX 75608</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,339.60</u>
3.19	Nonpriority creditor's name and mailing address <u>CIGNA Insurance</u>  <u>1640 Dallas Parkway</u> <u>Plano, TX 75093</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Insurance Premiums</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>38,573.13</u>
3.20	Nonpriority creditor's name and mailing address <u>Clear River America</u>  <u>12818 Murphy Road</u> <u>Missouri City, TX 77477</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>587,338.09</u>
3.21	Nonpriority creditor's name and mailing address <u>Community Bank</u>  <u>700 West Main Street</u> <u>Hallsville, TX 75650</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Bank Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>6,509.28</u>

Debtor Circle Z Pressure Pumping, LLC  
NameCase number (if known) 16-60633**Part 2: Additional Page**

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Amount of claim

3.22	Nonpriority creditor's name and mailing address <u>Completion Trailers</u>  <u>2000 FM Road 3135 E</u> <u>Henderson, TX 75652</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,208.00</u>
3.23	Nonpriority creditor's name and mailing address <u>Cummins Southern Plains</u>  <u>P. O. Box 910509</u> <u>Dallas, TX 75391-0509</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>36,377.20</u>
3.24	Nonpriority creditor's name and mailing address <u>D &amp; C Cleaning Inc.</u>  <u>2175 State Highway 149</u> <u>Carthage, TX 75633</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,646.89</u>
3.25	Nonpriority creditor's name and mailing address <u>David Chad Powell</u>  <u>P. O. Box 5513</u> <u>Longview, TX 75608</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Loan to company</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>390,000.00</u>
3.26	Nonpriority creditor's name and mailing address <u>David Gene Powell</u>  <u>P. O. Box 5513</u> <u>Longview, TX 75608</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Loans to company</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>610,000.00</u>

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.27	Nonpriority creditor's name and mailing address DFW Communications Inc.  P O Box 226467 Dallas, TX 75222-6467  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1,479.56
3.28	Nonpriority creditor's name and mailing address DFW Heavy Duty Parts  728 111th Street Arlington, TX 76011  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 36,318.64
3.29	Nonpriority creditor's name and mailing address DISA, Inc.  Department 890314 P. O. Box 120314 Dallas, TX 75312-0314  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 193.00
3.30	Nonpriority creditor's name and mailing address Downhole Chemical Solutions, LLC  2770 Main Street #161 Frisco, TX 75033  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 15,584.38
3.31	Nonpriority creditor's name and mailing address East Texas Mack Sales, LLC  2934 Highway 31 North P. O. Box 2867 Longview, TX 75606  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 2,832.54

Debtor Circle Z Pressure Pumping, LLC  
NameCase number (if known) 16-60633**Part 2: Additional Page**

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Amount of claim

3.32	Nonpriority creditor's name and mailing address <u>Energy Products, Inc.</u>  <u>P.O. Box 9471</u> <u>Tulsa, OK 74157</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>654,353.93</u>
3.33	Nonpriority creditor's name and mailing address <u>Enterprise FM Trust</u>  <u>Enterprise Fleet Management C/B P. O. Box 800089</u> <u>Kansas City, MO 64180-0089</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>3,662.63</u>
3.34	Nonpriority creditor's name and mailing address <u>Fairmount Santrol</u>  <u>776 Centennial Drive</u> <u>Ottawa, IL 61350</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>692,425.25</u>
3.35	Nonpriority creditor's name and mailing address <u>Finoric LLC</u>  <u>8115 Loop 540</u> <u>Beasley, TX 77417</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>17,869.00</u>
3.36	Nonpriority creditor's name and mailing address <u>Fleetprice</u>  <u>P. O. Box 847118</u> <u>Dallas, TX 7529.57</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>5,529.57</u>



Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.37	Nonpriority creditor's name and mailing address <u>Flow Measurement &amp; Controls</u>  <u>267 Lake Harris Circle, Suite 104</u> <u>White Oak, TX 75693</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,915.09</u>
3.38	Nonpriority creditor's name and mailing address <u>Forum US, Inc., (Flow Equipment)</u>  <u>5015 Highway 7 West</u> <u>Davis, OK 73030</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>235,229.42</u>
3.39	Nonpriority creditor's name and mailing address <u>Freight TEc Management Group</u>  <u>P. O. Box 1349</u> <u>Bountiful, UT 84011</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>26,900.00</u>
3.40	Nonpriority creditor's name and mailing address <u>Gardner Denver Inc.</u>  <u>P. O. Box 955953</u> <u>St. Louis, MO 63195-5953</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>137,797.81</u>
3.41	Nonpriority creditor's name and mailing address <u>GCR Longview Truck Tire Center</u>  <u>P. O. Box 910530</u> <u>Denver, CO 80291-0530</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,176.14</u>

Debtor Circle Z Pressure Pumping, LLC  
NameCase number (if known) 16-60633**Part 2: Additional Page**

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Amount of claim

3.42	Nonpriority creditor's name and mailing address <u>Good Shepherd Occupational Medicine</u>  <u>409 North 6th Street</u> <u>Longview, TX 75601</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$2,013.94</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43	Nonpriority creditor's name and mailing address <u>GSI Gulfstream</u>  <u>3200 State Highway 135 North</u> <u>Kilgore, TX 75662</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$69,843.44</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	Nonpriority creditor's name and mailing address <u>Hudson Graphics Inc.</u>  <u>P. O. Box 7010</u> <u>Longview, TX 75607-7010</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,684.57</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	Nonpriority creditor's name and mailing address <u>Hydradyne, LLC</u>  <u>P. O. Box 974799</u> <u>Dallas, TX 75397-4799</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$53,677.53</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	Nonpriority creditor's name and mailing address <u>Independence Oilfield Chemicals, LLC</u>  <u>1450 Lake Robbins Drive, Suite 400</u> <u>The Woodlands, TX 77380</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$128,530.76</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.47	Nonpriority creditor's name and mailing address <u>Industrial Diesel Manufacturing &amp; Service, Ltd.</u>  <u>8801 Harmon Road</u> <u>Fort Worth, TX 76177</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>153,626.93</u>
3.48	Nonpriority creditor's name and mailing address <u>Industrial Diesel, Inc.</u>  <u>8705 Harmon Road</u> <u>Fort Worth, TX 76177</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>19,329.75</u>
3.49	Nonpriority creditor's name and mailing address <u>Interstate Billing Service</u>  <u>P.O. Box 2280</u> <u>Decatur, AL 35609</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>4,236.52</u>
3.50	Nonpriority creditor's name and mailing address <u>Isaac's Wrecker Service</u>  <u>13452 FM 206</u> <u>Tyler, TX 75709</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>2,000.00</u>
3.51	Nonpriority creditor's name and mailing address <u>J and J Enterprises</u>  <u>418 Pecan Street</u> <u>Gilmer, TX 75644</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>1,800.00</u>

**Part 2: Additional Page**

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Amount of claim

3.52	Nonpriority creditor's name and mailing address <u>Jerry's Wrecker Service</u>  <u>110 Highway 43 North</u> <u>Henderson, TX 75652</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>7,250.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	Nonpriority creditor's name and mailing address <u>JPF Services, LLC dba Wotel</u>  <u>P. O. Box 81162</u> <u>Lafayette, LA 70598</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>248,880.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	Nonpriority creditor's name and mailing address <u>K &amp; C Hose and Supply</u>  <u>P. O. Box 5513</u> <u>Longview, TX 75608</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>37,425.12</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address <u>Kilgore Hose &amp; Specialty Warehouse, LLC</u>  <u>3103 Highway 135 North, Bldg. 1</u> <u>Kilgore, TX 75662</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>28,660.29</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address <u>La Quinta Inn #0588</u>  <u>2600 South Ruth Street</u> <u>Sulphur, LA 70663</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>5,486.71</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Circle 7 Procedure Document LLC

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Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.57	Nonpriority creditor's name and mailing address <u>La Quinta Inns and Suites Hattiesburg</u>  <u>109 Lundy Lane</u> <u>Hattiesburg, MS 39401</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>1,482.40</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	Nonpriority creditor's name and mailing address <u>Lone Star Radiator Co., Inc.</u>  <u>1227 Basse Road</u> <u>San Antonio, TX 78212</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>6,706.13</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	Nonpriority creditor's name and mailing address <u>Master Pumps &amp; Power</u>  <u>P. O. Box 678483</u> <u>Dallas, TX 75267-8483</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>36,300.82</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	Nonpriority creditor's name and mailing address <u>Matheson Tri-Gas, Inc.</u>  <u>Department 3028 P. O. Box 123028</u> <u>Dallas, TX 75312</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1,387.92</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	Nonpriority creditor's name and mailing address <u>MG Bryan Equipment</u>  <u>1906 Great Southwest Parkway</u> <u>Grand Prairie, TX 75051</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>219,145.52</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.62	Nonpriority creditor's name and mailing address Michael Clayton Powell  P. O. Box 5513 Longview, TX 57608  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Loan to company</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 100,000.00
3.63	Nonpriority creditor's name and mailing address Mobile Modular  P. O. Box 45043 San Francisco, CA 94145-5043  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 14,733.00
3.64	Nonpriority creditor's name and mailing address Moore's Retread and Tire-51  15275 FM 968 West Longview, TX 75602  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 12,978.09
3.65	Nonpriority creditor's name and mailing address NAPA Auto Parts  JEK Automotive Supply, Inc. 285 East Johnson Street Tatum, TX 75691  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 9,539.75
3.66	Nonpriority creditor's name and mailing address National Oilwell Varco  NOI - Mission P. O. Box 200338 Dallas, TX 75320-0338  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 163,961.95

Debtor Circle Z Pressure Pumping, LLC  
NameCase number (if known) 16-60633**Part 2: Additional Page**

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Amount of claim

3.67	Nonpriority creditor's name and mailing address <u>Odessa Pumps &amp; Equipment</u>  <u>P. O. Box 60429</u> <u>Midland, TX 79711-0429</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>10,740.19</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address <u>Oil States Energy Services</u>  <u>P. O. Box 203567</u> <u>Dallas, TX 75320-3567</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>4,178.10</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	Nonpriority creditor's name and mailing address <u>OMI Environmental Solutions</u>  <u>Department 2307 P. O. Box 11407</u> <u>Birmingham, AL 35246</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>21,831.78</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	Nonpriority creditor's name and mailing address <u>Ortowski Construction Co., Inc.</u>  <u>175 CR 131</u> <u>Gainesville, TX 76240</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>84,041.21</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address <u>P &amp; W Iron Works</u>  <u>409 State Highway 135 N</u> <u>Kilgore, TX 75662</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>78,110.52</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	



Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.72	Nonpriority creditor's name and mailing address P & W Sales, Inc.  405 North Highway 135 Kilgore, TX 75662	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 150,382.79
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address Pegues-Hurst Motor Company  P. O. Box 3686 Longview, TX 75606	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,474.91
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Trade Debt  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address Penn Transport  6891 Patrick Lane Shreveport, LA 71129	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 950.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address Platinum Collision Center of Marshall  1007 East End Boulevard North Marshall, TX 75670	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,500.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address PMI Pump Parts  178 Bearcat Road Aledo, TX 76008	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 4,573.17
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.77	Nonpriority creditor's name and mailing address <u>Powell Family Royalty</u>  <u>P. O. Box 5513</u> <u>Longview, TX 75608</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>26,000.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Loan to company</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address <u>Precision Additives</u>  <u>11850 Tanner Road</u> <u>Houston, TX 77041</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>2,969.80</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	Nonpriority creditor's name and mailing address <u>Preferred Sands</u>  <u>See Attachment 3</u> <u>Radnor, PA 19087</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>59,724.73</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address <u>Premier Fleet Services</u>  <u>1012 San Pedro</u> <u>San Antonio, TX 78212</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>16,397.86</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	Nonpriority creditor's name and mailing address <u>Principal Financial</u>  <u>PLIC-SBD Grand Island P. O. Box 10372</u> <u>Des Moines, IA 50306-0372</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>8,018.03</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.82	Nonpriority creditor's name and mailing address <u>Purchase Power</u>  <u>P. O. Box 371874</u> <u>Pittsburgh, PA 15250-7874</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>586.58</u>
3.83	Nonpriority creditor's name and mailing address <u>Reagent Chemical &amp; Research, Inc.</u>  <u>P.O. Box 416228</u> <u>Boston, MA 02241-6228</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>28,100.75</u>
3.84	Nonpriority creditor's name and mailing address <u>Redzone Coil Tubing, LLC</u>  <u>701 North First Street, Suite 190</u> <u>Lufkin, TX 75901</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>15,516.75</u>
3.85	Nonpriority creditor's name and mailing address <u>Republic Services #70</u>  <u>P. O. Box 78829</u> <u>Phoenix, AZ 85062-8829</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>24,024.65</u>
3.86	Nonpriority creditor's name and mailing address <u>Rock Water Solutions</u>  <u>See Attachment 4</u> <u>Dallas, TX 75320</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>330,312.51</u>

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.87	Nonpriority creditor's name and mailing address Rolligon - NOV, L.P.  P. O. Box 202154 Dallas, TX 75320-2154  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,749.56
3.88	Nonpriority creditor's name and mailing address Russell Electric  344 West Cotton Street Longview, TX 75601  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,144.54
3.89	Nonpriority creditor's name and mailing address Shale Flow Specialties  300 Marvin A. Smith Drive Kilgore, TX 75662  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,000.00
3.90	Nonpriority creditor's name and mailing address Sierra Frac Sand, LLC  1155 East Johnson Street Tatum, TX 75692  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$760,335.62
3.91	Nonpriority creditor's name and mailing address Skycasters, LLC  P. O. Box 75528 Cleveland, OH 44101-7455  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,339.80

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

Name

**Part 2: Additional Page**

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Amount of claim

3.92	Nonpriority creditor's name and mailing address SPM Flow Control, Inc.  601 Weir Way Fort Worth, TX 76108  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$75,998.02 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address Stewart & Stevenson  4935 Whitehurst Drive Longview, TX 75602-6689  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$7,435.43 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address Strom Manufacturing Inc.  2800 Post Oak Boulevard Suite 4100 Houston, TX 77056  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$187,817.88 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address Sun Source  P. O. Box 730698 Dallas, TX 7537300698  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$22,119.61 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address Superior Fleet Service, Inc.  P. O. Box 5516 Tyler, TX 75712  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$624.33 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.97	Nonpriority creditor's name and mailing address Tavo's Automotive  802 Veterans Avenue Crystal City, TX 78839  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$656.50
3.98	Nonpriority creditor's name and mailing address Texas Air Hydraulic  P. O. Box 2785 Longview, TX 75606  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,928.31
3.99	Nonpriority creditor's name and mailing address Texas Mutual Insurance  6210 East Highway 290 Austin, TX 78723  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Insurance Premium  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,698.00
3.100	Nonpriority creditor's name and mailing address The Sherwin-Williams Company  11112 FM 349 Longview, TX 75601  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,656.03
3.101	Nonpriority creditor's name and mailing address Thermo Process Instruments, L.P.  P. O. Box 742770 Atlanta, GA 30374-2770  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,891.79

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

Name

**Part 2: Additional Page**

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Amount of claim

3.102 Nonpriority creditor's name and mailing address

TIFCO Industries

P. O. Box 40277

Houston, TX 77240-0277

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ Liquidated and neither contingent nor disputed

\$6,913.10

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.103 Nonpriority creditor's name and mailing address

Tim Ables Trucking Co.

P. O. Box 2947

Kilgore, TX 75663

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$224,915.00

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.104 Nonpriority creditor's name and mailing address

Top Line Rental, LLC

P. O. Box 2290

Henderson, TX 75653

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$12,324.66

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.105 Nonpriority creditor's name and mailing address

Total Legendary Catering

316 Iris Drive

White Oak, TX 75693

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$11,360.31

Basis for the claim: Food Services

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

3.106 Nonpriority creditor's name and mailing address

Unimin Corporation

P. O. Box 198867

Atlanta, GA 30384

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

\$146,623.72

Basis for the claim: Trade Debt

Date or dates debt was incurred

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No  
☐ Yes

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

Name

**Part 2: Additional Page**

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Amount of claim

3.107	Nonpriority creditor's name and mailing address United Engines, LLC  P. O. Box 731594 Dallas, TX 75373-1594  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$471,477.33 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address United Healthcare  P O Box 959782 St Louis, MO 63195-4571  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$22,638.48 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Health Insurance  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address United Vision Logistics  P. O. Box 975357 Dallas, TX 75397-5357  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$20,326.49 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address Velyin Oil Co., Inc.  Petroleum Products P. O. Box 993 Henderson, TX 75653  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$11,773.27 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address Western Marketing, Inc.  P. O. Box 993 Dallas, TX 75267-7422  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: \$29,748.11 Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: Trade Debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 2: Additional Page**

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Amount of claim

3.112	Nonpriority creditor's name and mailing address <u>Wex Bank</u> <u>7090 South Union Park Avenue Suite 350</u> <u>Midvale, UT 84047</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>50,958.33</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Credit card debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113	Nonpriority creditor's name and mailing address <u>Will's Pump Repair</u> <u>P. O. Box 1032</u> <u>Henderson, TX 75653</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>33,259.01</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Trade Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address _____ _____ _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>0.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Circle Z Pressure Pumping, LLC

Case number (if known) 16-60633

Name

**Part 2: Additional Page**

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Amount of claim

3.117 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$ 0.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ Liquidated and neither contingent nor disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

3.118 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$ 0.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

3.119 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$ 0.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

3.120 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$ 0.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

3.121 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

\$ 0.00

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_

Is the claim subject to offset?

Last 4 digits of account number \_\_\_\_\_

- ☒ No  
☐ Yes

Debtor

Circle Z Pressure Pumping, LLC  
Name

Case number (if known) 16-60633

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.12. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor Circle Z Pressure Pumping, LLC  
NameCase number (if known) 16-60633**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 778,004.30

5b. Total claims from Part 2

5b. + \$ 8,176,860.59

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 8,954,864.89

**Attachment**  
**Debtor: Circle Z Pressure Pumping, LLC      Case No: 16-60633**

**Attachment 1**

**Special Procedures Branch, 1100 Commerve St., MC 520 DAL**

**Attachment 2**

**Comptroller of Public Accounts, P O Box 13528, Capitol Station**

**Attachment 3**

**One Radnor Corporate Center 100 MatsonFord Road, Suite 101**

**Attachment 4**

**Benchmark Energy Products Department 18701  
P. O. Box 203187**